

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	21	9/9/93
EXAMINER	333	9-15-93
TYPIST	334	9/15
VERIFIER	238/917/357/9-21	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
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Claim	Date
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through numeral) Cancelled
- N Restricted
- I Non-elected
- A Interference
- O Appeal
- 0 Objected